



LODI PARKS AND RECREATION  
BOOSTERS OF BOYS/GIRLS SPORTS ORGANIZATION  
125 NORTH STOCKTON STREET  
LODI, CA 95240  
(209) 333-6742

## REFUND REQUEST

Date: \_\_\_\_\_

Sport: \_\_\_\_\_ League: \_\_\_\_\_

Class: \_\_\_\_\_ Session \_\_\_\_\_ Time: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Team Name or Number: \_\_\_\_\_

Parent/Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### REASON FOR REFUND:

☐ Medical    ☐ Class Cancelled    ☐ Cut From Team    ☐ Moved Out of Area

Explanation: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Time: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Paid By: *(Please circle one)*

Cash      Check      Credit Card      Debit Card      Expir. Date: \_\_\_\_\_

SIGNATURE OF PARENT/PAYEE \_\_\_\_\_

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*Office use only*

☐ Approved      ☐ Denied      By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Refund: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

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**REFUND POLICY**

1. Full refund or credit will be given if the department cancels the program, for medical reasons, or the participant is cut from the program.
2. No refunds or credits after the class/program/league has had its second meeting.
3. A credit may be given for same program next time it is offered.
4. All refund checks will be given through the City of Lodi within 30 days, if approved.
5. If an expenditure has been made on behalf of a participant (i.e. insurance fees paid), that amount will be deducted from the total refund.
6. Department supervisors reserve the right to adjust the policy, depending upon the circumstances and the severity of the situation.